



EASYPAY INSURANCE LIMITED

(Registration No. 1965/003119/06) FSP 45983

POLICE REPORT FORM

SECTION A: STATEMENT BY THE POLICE

(MUST BE COMPLETED BY THE INVESTIGATING OFFICER AT THE POLICE STATION WHERE THE DEATH OF THE INSURED WAS REPORTED)

Please complete and email to claims@easypayinsurance.co.za

This certificate is required to corroborate a death claim in terms of:

Policy number:

1. Issued on the life of:

a. Full names of the deceased:

Date of Death

Time of death

Place of death

b. Magisterial district:

c. Cause of death:

2. Was the deceased involved in a car accident?

a. Was the deceased a passenger, driver or pedestrian?

b. Was a blood alcohol test carried out?

c. Results of the blood alcohol test?

3. Was the deceased involved in an assault?

a. Was the deceased assaulted in the course of his/her duties?

b. Was the deceased an innocent bystander?

c. Is suicide suspected?

4. Has or will an inquest be made?

a. Name of Court?

b. Date of inquest?

c. Inquest number and reference?

5. Has or will a criminal prosecution be instituted?

a. What is the charge?

b. Who is being charged?

c. If the judgement has been delivered, what is the judgement?

d. Name of the Court?

e. Date of the hearing?

f. Case number and reference?

6. Name of the Police Station where the death was reported?

a. Case number:

b. Investigating officer:

7. Please provide a short account of the circumstances surrounding the death.

